



Montana & Wyoming Tribal Leaders Council

175 North 27th Street, Suite 1003, Billings, MT 59101 Ph: (406) 252-2550 Fax (406) 254-6355

Website <http://www.mtwytlc.org> Email: CherylB@mtwytlc.com

24 June 2014

Chair Dave Wanzenreid
Attn: Sue O'Connell
Children & Families Interim Committee
State of Montana
Helena, Mt

Re: Comments and Recommendations for input to Two Studies – HJR 16 and SJR20 – delivered electronically for June 25, 2014 Meeting of the Children & Families Interim Committee

Dear Chairman & Committee Members:

Please provide the statement below with some recommendations that have been assembled along with a sample list of recommended or suggested readings which we have are submitting in response to the two studies that the Committee is conducting on the Prescription Drug Abuse Issue and the treatment of people in the various state run institutions and facilities.

Respectfully,

Cheryl A. Belcourt

Cheryl Belcourt
Executive Director
Tribal Leaders Council

CC: TLC Board Officers
Tribal Chairs, Presidents & Councils
TLC Committee on Health Co-Chairs

State Run Facilities – Effective Treatment of Native Populations at State Institutions & SJR 20

Prepared for the Children, Families, Health and Human Services Interim Committee
Prepared by MT-WY Tribal Leaders Council
June 25, 2014

Background

American Indians are imprisoned, more per capita than any other racial or ethnic group with the exception of African Americans. Two-million inmates are imprisoned in local, state, and federal jails and prisons across the US and of these, 1.6 percent are Native American or Hawaiian Natives.¹ In Montana Native Americans are disproportionately represented in the prison system. According to a 2008 report, 20 percent of men in Montana prisons were Native 27 percent were Native women yet Natives make-up 7 percent of the population. Rates of imprisonment among Natives are 3 to 4 times that of whites in Montana and this is an immediate call to action for state, local, tribal, federal, and private institutions and systems. Action however, must be informed by history- because our current systems, beliefs, and practices are often grounded in the past.

Historical events changed every aspect of American Indian people's lives, the Federal Indian Boarding School Movement² and the Dawes Act of 1887³ are just two examples. These events forced many American Indian people to alter or abandon their land, culture, language, and traditional way of life. Evidence of colonization and Eurocentric practices has been echoed by many, including Ada Pecos Melton, the former director of the AIAN Justice Programs at the US Department of Justice. The former director reported, "...the current system is based on Eurocentric justice and a retributive philosophy that is hierarchal, adversarial, punitive... decision making is limited to a few... punishment is used to appease the victim, to satisfy society's desire for revenge".⁴ This is in stark contrast to an indigenous holistic paradigm where everyone involved with a problem or conflict seeks to restore and heal relationships and individuals (restorative justice). In Montana, State Rep. Carolyn Pease-Lopez, D-Billings passed a bill to address institutionalized racism in the current system by placing an American Indian on the parole board- while efforts like this and others have helped give voice to American Indian inmates—more changes are needed to address the long-term systemic determinants of imprisonment among American Indians in Montana.

Colonization and discrimination against American Indians in the US and Montana often result in more harsh punishment and enforcement for American Indians when compared with whites or other groups. This is evidenced by the fact that one out of every 200 Natives are convicted of a felony crime compared with one of every 300 whites.⁵ Scott Crichton of the Montana American

¹ Frank Smith, "Incarceration of Native Americans and Private Prisons", <http://www.leanpeprograms.info>

² Beginning in 1879, AI children were removed from their homes and forced to attend schools that did not allow AI children to speak in their Native language or wear traditional clothing. All AI spiritual practices were banned and children were forced to adopt Christian spiritual practices.

³ The Dawes Act of 1887 forced AI people to give up their land base and sovereignty in exchange for US citizenship. Within this Act, AI people lost control of their Native lands and sacred sites were destroyed or given to non-Indian people (Gunn, 2011)..

⁴ Ada Pecos Melton, "Indigenous Justice Systems and Tribal Society". Tribal Court Clearinghouse: 1, <http://www.tribal-institute.org/articles/melton.htm>

⁵ Jodi Rave (2009). Bismarck Tribune, "Percent of American Indians in Jail is High", <http://www.bismarcktribune.com>

Civil Liberties Union said in a recent report, "... racism here is real and it is profound, it's demonstrated in the prison system at each stage of the processing from profiling and arrests and public defense to probation."

Determinants of Imprisonment

High rates of imprisonment among American Indians in Montana are the result of multiple factors. Adverse Childhood Experiences (ACE) and historical, cultural, and present-day traumas often result in unhealthy coping strategies where substance abuse, violence, and risk taking lead to imprisonment. [One info link is at <http://www.tribalyouthprogram.org/events/webinar-ace-adverse-childhood-experiences-study-and-american-indian-alaska-native-children>] Compounding ACE/traumas---poverty, segregation, discrimination, and colonization create the conditions from which high drop-out rates and limited job opportunities emerge. Far too often, we see real human examples that the statistics describe in the attached article "Pipeline to Prison". These conditions also result in a litany of social ills that include high rates of crime, violence, chemical dependency, behavioral health problems and suicide. These conditions are more extreme in rural and isolated reservation communities throughout Montana where job opportunities are limited and school systems fail to provide adequate education or retain students for long-term career successes.

Children of incarcerated parents are more likely to experience hardship. In one national study, children with a parent who has ever been incarcerated are 25 percent more likely to experience material hardship, 32 percent more likely to have parents living separately, and 44 percent more likely to show aggressive behavior.⁶ Moreover, of the 1.6 million people in federal facilities, 330,000 were imprisoned for drug offenses. More efforts that end the cycles of Adverse Childhood Experiences – ACE - among current and future generations of American Indian children are needed- this should include systems of care that are culturally informed, 'trauma' informed and ACE informed. These systems and facilities must be thoughtfully designed and implemented across the whole spectrum of state institutions including developing restorative justice models in schools for conflict resolution and behavioral health, culturally informed substance abuse treatment and interventions, training and educational programs for staff and clientele both in ACE and trauma informed care with ongoing monitoring.

These ACE conditions and risk factors coupled with differential policies for arrest and treatment must be examined to achieve justice and health for American Indians in Montana.

Solutions

To address the imprisonment crisis all systems and institutions must work collectively to address the basic needs of people in a culturally effective and informed manner. Abraham Maslow studied among the Blackfeet and wrote about a hierarchy of needs (Maslow's Hierarchy of Needs) where the most basic needs of food, water, sleep must be met (physiological), then security, employment, family, and health (safety), followed by friendship, family (love/belonging), esteem (confidence, respect of others/by others) and finally self-actualization (self-awareness, values clarification, morality, lack of prejudice, problem solving). Many Natives, including those imprisoned in Montana have not been afforded these basic opportunities and therefore, many fail to grow and develop into mature healthy human beings. Indeed, the social, emotional, and spiritual needs of individuals are met by families and communities. When Natives are taken far from their communities, have little connection with or access to a healthy and whole support system (sometimes this is their

⁶ "Parents in prison and what its doing to children", <http://www.childrends.org>

biological family and sometimes it is a spiritual or cultural family) due to multiple barriers (distance, transportation, and treatment)—this continues the downward spiral for many Natives imprisoned in Montana. To remedy this, State systems must recognize these basic human needs and find positive, culturally affirming ways to ensure every individual is afforded every opportunity, through initiatives/interventions, character development/values clarification and educational processes to have their basic needs met. Substance abuse treatment can be more effective when it is culturally meaningful to the individual. Read and consider the approach developed in the attached paper by Joe Gone and Pat Calf Looking (American Indian Culture as Substance Abuse Treatment: Pursuing Evidence for a Local Intervention).

The State of Montana and facilities/systems must find ways to address institutional racism and Eurocentric colonizing practices at all-levels. Despite the 1993 passage of the Native American Free Exercise of Religion Act, parity for American Indian inmates in the US and in Montana has been slow to take hold. American Indians are not afforded the same access to healing and spiritual opportunities. For example, in one report a Christian Choir was allowed into a correctional facility without being searched, but a medicine man who came in to counsel inmates was strip-searched in the same facility. Christian inmates have more access to books and resources about their spirituality than American Indians (4 books vs. 1 book) according to one recent report.

The State of Montana must view culture as prevention and protective rather than only an activity or religious beliefway. Culture is foundation for many Native people and positive identity formation is linked to healthy development and serve as protective against violence, substance abuse, and other illicit behaviors. Interventions, educational systems as well as care and treatment programs, curricula and initiatives must promote and affirm the positive identities of American Indian people. Far too often, Indian people exhibit normal reactions to abnormal situations that result in unhealthy and self-destructive methods of coping. Having been denied their own histories, their own cultural stories, in a safe and educational 'neutral' environment like the public schools, many Indian youth experience identity confusion and so their positive 'Indian' identity development is in jeopardy.

State institutions and systems must come to fully understand the terms 'Native' or 'American Indian' and 'Tribe'. There are basic beliefs, traditions, cultural practices, and cultural norms practiced by individual tribes and the State/systems must recognize that individual tribes cannot be grouped into one category, just as traditional practices used by one tribe (e.g. peyote for religious ceremonies) may not be used by another tribe. Current systems and practices fail to support or affirm the identities of American Indian people and their unique cultural beliefs and practices.

Recommendations:

- Prevention & Education efforts should be fully integrated and collaborative amongst Tribal, State and Federal and should be multi-dimensional, holistic, affirming, data informed and strength based.
- Protective Factors Associated with Reducing/Preventing the Risk of Targeted Health Problems should be supported and expanded upon:
 - Embracing of traditional cultural practices, beliefs, norms, values, language, ritual
 - Peer/Community support
 - Commitment by the community

- Family Ties & Family Wellness
 - Embracing of Spiritual Beliefs
- As a State it is important to convey respect of the worldview and spirituality of Native peoples.
- Mandatory, frequent, ongoing and consistent cultural education training must occur at every institution at least 2x/year to work toward competency and demonstrated application. Goal: Accountability as Cultural bias and Cultural hegemony is discerned and diminished.
- Educate all State employees on how Adverse Childhood Experience (ACE) and historical trauma affect the health status of Native people.
- The cultural education/effectiveness training should be developed and taught by Tribes or Tribal organizations and financed in a manner that doesn't put the burden on the Tribes.
- The cultural trainings should be supported and utilized by State Boards, agencies, and departments frequently with a focus on outcomes and integration.
- Ensure that Tribal expertise has a voice on the following state boards (through representation and education) in order to inform policy and service delivery:
 - Inter-Agency Council for State Prevention Programs
 - Community Health Centers
 - Family Support Services Advisory Council
 - Human Rights
 - Mental Disabilities Board of Visitors
 - Montana Children's Trust Fund
 - Education Commission of the States
 - Board of Public Education
 - Governor's Healthier Montana Taskforce
 - Board of Pardons and Parole
- Quality Review – Policies and Procedures, Standards, Records, Nutrition & Health, Address of Cultural Issues, Gaps, Implementation, Staff Knowledge and Awareness. Delivered by a knowledgeable and authoritative body comprised of Tribal delegates with the capacity to recommend corrective actions. Goal: Improve service effectiveness with a focus on universal virtues and concepts that affirm identity and wellness.
- Develop Interventions for At-Risk Individuals – Identify resources available and coordinate to reach individuals through screening before it gets to worst case scenario.
- Therapeutic Family Care – Strengthen Support Systems for at risk families with the goal to keep families together.
- Dual Diagnosis (Co-occurring) is pervasive – All Treatment should be based on the assumption.
- DPHHS supported "Indian Child & Family Conference" – Goal: To address child, family and community issues that focus on remedies and Tribal – State collaborations.
- Define and incorporate the Tribal definition of family to include grandparents, aunts, uncles, cousins and family friends.

- Increase cultural, educational and vocational opportunities within the state facilities – language, history, credit recovery, distance learning, and GED.
- Increase opportunities and collaborations at Tribal Colleges for workforce development, history and language.
- Human Development Curriculum in Prisons & Pre-Release – Specifically for Native population with a focus on character, values and resiliency.
- Implement & expand the utilization of the OPI Essential Understandings of American Indians in Montana.
- The Institutional Profile should reflect the cultural diversity of the population.
- Define the scope and responsibility of each particular institution. What is the perceived responsibility of the Tribes from a state perspective? Is it accurate?
- Asset or Resource Identification and Mapping of Tribal and State Programs currently providing prevention, treatment, and other important services to Native populations. Define the roles, responsibilities and funding mechanism as part of the asset mapping.
- Work with Tribes to strengthen deferred programs, like Tribal Courts, Peacemakers, Family Counseling and conflict resolution or peacemaking in schools text at: <http://www.npr.org/templates/transcript/transcript.php?storyId=194467944> or podcast at: <http://www.npr.org/2013/06/22/194467944/schools-try-restorative-justice-to-keep-kids-from-dropping-out> .
- Continue and expand upon the recruitment effort for Tribal members to sign up for Affordable Care Act in order to access necessary care.
- Clear guidelines and examples of required evaluations for cultural effectiveness that is tied to accreditation - through certification.
- Utilize and support the peer to peer approach in after-care services with a focus on culture, community, family, and the individual.
- Focus on the idea that recovery is possible and there are many roads to recovery.

Additional Information:

- Melina Angelos Healey, *Montana's Rural Version of the School-to-Prison Pipeline School Discipline and Tragedy on American Indian Reservations*, 75 Mont. L. Rev. 15 (2014) Available at: <http://scholarship.law.umt.edu/mlr/vol75/iss1/2>
- Contact Tribal Leaders Council for a longer bibliographic reference of materials.
- Paper delivered to Presidents Tribal Nations Conference in December 2013
- For information about the ACE Study – websites and articles abound - <http://acestudy.org/> and At CDC - <http://www.cdc.gov/violenceprevention/acestudy> and in Montana http://helenair.com/news/local/addressing-childhood-trauma-will-take-teamwork-community-leaders-say/article_c4384918-444b-11e3-b564-001a4bcf887a.html
- Example of ACE informed systems of care: <http://www.safestartcenter.org/topics/adverse-childhood-experience-ace>

- Article on American Indian Culture as Substance Abuse Treatment: Pursuing Evidence for a Local Intervention, Gone & Calflooking, Journal of Psychoactive Drugs, 43 (4), 291-296, 2011
- Effective Evaluation and Child Welfare Concerns:
https://www.childwelfare.gov/pubs/issue_briefs/tribal_state/index.cfm
https://www.acf.hhs.gov/sites/default/files/cb/tribal_roadmap.pdf
<http://www.justice.gov/defendingchildhood>

Prescription Drug Abuse – How to reduce abuse, misuse and diversion in Native Populations – SJR 20

Prepared for the Children, Families, Health and Human Services Interim Committee
Prepared by MT-WY Tribal Leaders Council
June 25, 2014

SJR 20: Reducing Prescription Drug Abuse Draft Study Plan

Prescription drug abuse is an epidemic and Native communities are disproportionately impacted by prescription drug abuse, more so than any other racial group.⁷ The most recent data available show that American Indians are more than two-times more likely to report prescription drug abuse than whites (6.2% vs. 3.0 %).⁸ Prescription drug abusers outnumber those using cocaine, hallucinogens, heroin, and inhalants combined. Incidence of fatal overdose from prescription drug abuse among Native communities exceeds the combined rates of other illegal drugs.

Prescription drug abuse is preventable. Similar to other disparities and inequalities, prescription drug abuse among Native people in Montana is often tied to social, demographic, environmental, and geographic disadvantage. In the last several years, Native communities across the country and in Montana participated in 'best or promising strategies' such as take back days, proper drug disposal, outreach and education. Montana created a prescription drug abuse advisory council and recommended a registry for prescription drug orders with controlled substances. Some of these strategies have reduced access to prescription drugs and increased awareness- but none have addressed the root causes for prescription drug abuse. Addressing these 'disadvantages' that lead to prescription drug abuse in Natives throughout Montana requires more than awareness campaigns and advisory councils.

To begin, one must understand the roots of many disadvantages (illicit drug abuse) can be traced back to traumas and histories. Adverse Childhood Experiences (ACE) are often precursors to prescription drug abuse⁹ where individuals experience ACE/trauma and use prescription drugs as an unhealthy coping mechanism. The ACE study shows certain experiences (ACEs) are leading causes of poor mental health, early death, poor quality of life, and addiction. For example, one study found that more than 64% of parents with ACE reported illicit drug abuse.¹⁰ Repeatedly, studies show that ACE increases the likelihood that individuals will report illicit drug abuse.

⁷ Substance Abuse and Mental Health Services Administration. Results from the 2010 National Survey on Drug Use and Health.

⁸ Substance Abuse and Mental Health Services Administration. Results from the 2009 National Survey on Drug Use and Health.

⁹ Felitti, M. D., et al. "Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study." *American journal of preventive medicine* 14.4 (1998): 245-258.

¹⁰ Dube, S. R., Felitti, V. J., Dong, M., Chapman, D. P., Giles, W. H., & Anda, R. F. (2003). Childhood abuse, neglect, and household dysfunction and the risk of illicit drug use: the adverse childhood experiences study. *Pediatrics*, 111(3), 564-572.

Native people have and continue to experience trauma. Traumas resulted in the loss of identity among many Native people and communities. One tribal leader and elder talked about health and Native identity.. " what has sustained us and what can help us collectively improve our health status as a whole must include all things that affirm our respective identities..."¹¹ Trauma/ACE are some of the root causes of prescription drug abuse among Native people in Montana.

The current approach to prescription drug abuse in Montana, especially among Native people does little to affirm or support healthy identities or recognize the impact of ACE/traumas on Native people and communities. Another tribal leader and elder said, "..... we see that we must first deal with, address, and come to terms with unresolved grief and the resulting anger and depression and not having been allowed the opportunity to grow and fully develop in a safe, healthy, and culturally supportive atmosphere..."¹²

The Indian Health Service conducts reviews and audits, but they lack the resources to address the underlying health issue of the individual. For example, because of the major funding constraints, Contract Health Service will not refer for knee replacements or back surgery because they are not life or limb situations. Too often, the only option for the patient is to use opiates to control their pain level, which is very problematic.

To create a culturally supportive atmosphere where individuals have the opportunity to grow and fully develop in a safe way -State facilities must redesign their approach. Facilities, institutions and systems of care must be ACE informed, trauma aware, culturally effective, and most of all "person centered". Every institution, every state facility needs to learn to accommodate the needs of the person behind the behaviors in constructive and humane ways - not merely punitive and destructive ways.

Recommendations:

- Prevention & Education should be fully integrated and collaborative amongst Tribal, State and Federal and should be multi-dimensional, holistic, affirming, data informed and strength based.
- Protective Factors Associated with Reducing/Preventing the Risk of Targeted Health Problems should be supported and expanded upon:
 - Embracing of traditional cultural practices, beliefs, norms, values, language, ritual
 - Peer/Community support
 - Commitment by the community
 - Family Ties & Family Wellness
 - Embracing of Spiritual Beliefs
- As a State it is important to convey respect of the worldview and spirituality of Native people.
- Mandatory, frequent, ongoing and consistent cultural education training must occur at every institution at least 2x/year to work toward competency and demonstrated application. Goal: Accountability
- Educate State employees on how Adverse Childhood Experience (ACE) and historical trauma affect the health status of Native people.

¹¹ Belcourt, G. Personal Communication on Culture as a Way of Life. February 10, 2010.

¹² Anonymous. Montana Wyoming Tribal Leaders Council February 1, 2010

- The cultural education/effectiveness training should be developed and taught by Tribes or Tribal organizations and financed in a manner that doesn't put the burden on the Tribes.
- The cultural trainings should be supported and utilized by State Boards, agencies, and departments frequently with a focus on outcomes and integration.
- Ensure that Tribal expertise has a voice on the Board of Pharmacy (through representation and education) in order to inform policy and service delivery.
- Promote collaboration with Indian Health Service primary care providers with a focus on education and training of best practices for prescribing opiates. Education and training should be frequent and ongoing because of high turnover rates within the Indian Health Service.
- Establish a long-term strategy for prescription drug abuse prevention. It takes many years to turn the tide on a problem this big.
- Continue the recruitment effort for Tribal members to sign up for ACA which will help people access the medical care needed to address their core pain issues.
- Attorney General's Office and Tribes partner to ensure the Public Education Campaigns include Native faces, stories and reservation specific information on take back days, etc.
- Drug Take Back days should be frequent and well coordinated within each reservation community and urban Indian health clinic, maybe even extending into Drug Take Back Weeks with lots of education and outreach.
- Work with both Indian Health Service and the Montana Prescription Drug Registry (MPDR) to appoint an IHS pharmacist and Tribal Health delegate to the Prescription Drug Advisory Council
- Staff from the MPDR make periodic update reports to Tribal Leaders Council, Tribal Health and Indian Health Service on the status of the MPDR.
 - Provide update on barriers that may prevent Indian Health Service from using the registry
 - MPDR and Tribes partner for training and resource sharing
- Utilize the Tribal Law & Order Act as a collaborative and strategic planning tool to coordinate among stakeholders and promote a coordinated community response.
- Look at the inter-agency collaboration efforts between the VA and the State; if positive efforts are being made in that realm, could we replicate the approach between the IHS and the State?
- Create a diversion help hotline and market it in Tribal communities.
- Work with State on access to any tribal data on juvenile crime, violence and drug-related.
- Provide opportunity for western trained professionals to gain cultural understandings.
- Provide opportunity for western trained professionals to understand the way chronic poverty affects people socially, mentally and behaviorally.
- Work with Schools (K-12) on prescription drug education, prevention and early detection.
- Promote a broad spectrum of care for those in pain, like chiropractic, acupuncture, physical therapy, massage, sweat lodge, meditation, etc.
- Initiate a dialogue with Tribal Leaders, economic development leaders, and health professionals to talk about solutions to the economic situation on the reservations. Poverty is linked to the prescription drug abuse problem because it drives the diversion of the drugs because to sell opiates is the only income source for some families in poverty.
- Encourage uniform pain management plans and protocols.